

1. PROGRAM MISSION

Obesity surgery, known as bariatric surgery, is an effective treatment for morbid obesity. Obese patients who participate in the program enjoy the care of renowned specialists and the expertise of a multidisciplinary team that provides efficient, first-rate services before, during and after the operation.

2. SERVICES

Throughout the program, you will be followed by a qualified team of professionals that includes surgeons, nurses, social workers and dietitians, and possibly an internist, cardiologist, respirologist and psychiatrist. Together they will analyse your medical and psychological history to determine whether you are a good candidate for bariatric surgery and, if so, what type of surgery would be best for you. They will also coordinate your short-, medium- and long-term followup after the operation.

3. SESSIONS AND PROGRAM DURATION

Depending on your needs and the requested exams, each professional may meet with you one or more times. You will therefore have to go to the IUCPQ-UL on one or more occasions. The pre-operative program can last from 3 to 12 months, depending on your situation. Resources tailored to your needs will be available after the surgery, and you may need to come see us in person to ensure proper followup, especially if there are complications.

Many people require care, and the services and resources of the bariatric surgery program are limited. Your cooperation is therefore crucial to the program's success.

Signature of participant :	Date :	Year	Month	Day
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INSTITUT UNIVERSITAIRE DE CARDIOLOGIE ET DE PNEUMOLOGIE DE OUÉBEC				
BARIATIC SURGERY PROGRAM PARTICIPANT COMMITMENT FORM				
I, program of the IUCPQ-UL, accept the conditions I	, a participant in the bariatric surgery			
I undertake to :				
 Respect the process determined by the care team (evaluations and followup) as well as the recommendations (nutritional, smoking cessation, weight loss, etc.) made by all professionals involved in my care. If the goals set by the professionals are not met within a maximum of 12 months, my participation in the program will be terminated; 				
2. Provide all required information and documents by the deadlines specified by the care team;				
3. Notify the care team of any change in my health, home address or telephone number by calling 418-656-4652 (option 2);				
4. Ensure I am available on the date of the surgery set by the care team;				
 If you refuse the assigned date for personal reasons¹, a note will be made in your file. If you refuse a second date, your name will be removed from the waiting list. 				
Go to the IUCPQ-UL or the facility specified by the care team for all required appointments, including for preoperative meetings or postoperative followup;				
 Be on time for all appointments and notify the care team reasonably in advance if I will be late by calling 418-656-4652 (option 2); 				
 Notify the care team at least two (2) working days in advance if I must postpone an appointment for personal reasons by calling 418-656-4652 (option 2); 				
 If an appointment must be postponed two (2) consecutive times for personal reasons, your name will be removed from the waiting list. 				
8. Return the care team's as soon as possible and within the time set by the team;				
• If you do not return the care team's call and/or the care team cannot reach you by telephone after three (3) tries at different times of the day over a period of two (2) weeks, you will be sent a letter urging you to contact the team within a maximum of ten (10) days following the date of the letter. If you do not contact the team within that time, your name will be removed from the waiting list.				
¹ This means any reasons other than medical or administrative, or those determin	ned by the hospital.			

9. Cooperate respectfully with all members of the care team and with all mdeical and hospital staff;

In addition, I consent to the following :

- 10. If I fail to meet any of the commitments listed above, my name may be removed from the waiting list or I may be refused surgery;
- 11. The care team can inform my physician that my name has been removed from the waiting list or that I have been refused surgery as well as the reasons for that decision.

If you name is removed from the waiting list or you are refused surgery, any new request to take part in the bariatric surgery program must be reevaluated by the requesting physician as part of a new referral. If you wish to resubmit your file, you must begin the entire process again, including the initial waiting period.

Name of participant or the person autorized to sign	Signature of participant or the person autorized to sign	Year Month Da
Name of witness	Signature of witness	Year Month Da Date
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